

The State of New Hampshire

MEDICAL INFORMATION ON BIRTH PARENTS

Docket Number: _____

Birth Mother

Birth Father (Use separate form for each parent.)

For each of the medical conditions described below, please check the appropriate column indicating whether you or any blood relative (i.e. your mother, father, sisters, brothers, grandparents, aunts, uncles or any other children you have had) ever had, or now have, the condition listed. Complete the "Comments" section as needed using a separate sheet of paper if additional space is required.

MEDICAL CONDITION	NO	NOT KNOWN	YES (SELF)	YES (RELATIVE)	COMMENTS
1. Club Foot					
2. Harelip, cleft lip, or cleft palate					
3. Congenital heart defect					
4. Any other malformations					
5. Muscular Dystrophy					Part of body involved? Age at onset?
6. Multiple Sclerosis					
7. Cerebral Palsy					
8. Other paralysis or crippling disorder					
9. Seizures, convulsions or epilepsy					Age at onset? What Treatment? Frequency?
10. Blindness, glaucoma or other visual problems					Age at onset? Cause? Special Education?
11. Deafness or other ear problems					
12. Speech problem					Age at onset? Cause? Special Education?
13. Learning disability					
14. Retardation: mental or physical					Any diagnosis or cause? Hospitalized?
15. Diabetes					Age at onset? Treatment?
16. Thyroid disorder					
17. Other hormone disorder					

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MEDICAL CONDITION	NO	NOT KNOWN	YES (SELF)	YES (RELATIVE)	COMMENTS
18. Eczema or other skin conditions					Any cause known? What treatment? Medication?
19. Asthma					
20. Hay fever or other allergy					
21. Schizophrenia					Age at onset? Treatment? Hospitalization?
22. Manic depressive					
23. Other mental or emotional illness					
24. Hypertension (high blood pressure)					
25. Stroke					
26. Heart attack (Coronary)					
27. Other cardiovascular problems					
28. Cancer					What kind? Age at onset? What part of body?
29. Tumors					
30. Cystic Fibrosis					
31. Huntington's Disease					
32. Tuberculosis					
33. Kidney disease					Age of onset? Treatment?
34. Alcoholism or heavy drinking					
35. Drug abuse					Kind, amount and when taken.
36. Hospitalization, operation, or injury					
37. Any other conditions you or others in your family might have					

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OTHER INFORMATION ON BIRTH PARENTS

Information given should be at the time of the child's birth. Do not include any identifying information.

Height

Weight

Body build

Eye color

Hair color

Skin color

Age

Race

Nationality (citizenship)

Ethnic background

Religion

No. of school years completed

Future education goals

General field of occupation

Talents, hobbies and special interests

Future aspirations

Relationship between parents

Number of other female children born to you

Ages

Number of other male children born to you

Ages

BIRTH MOTHER ONLY

MENSTRUAL AND PREGNANCY HISTORY

Age at onset of menses

Are periods regular?

Usual length of period
No. of days between periods

List all pregnancies in order. Use one line for each child, miscarriage, abortion or still-birth.

CHILDREN

(Write baby girl, baby boy,
miscarriage, still-birth or
abortion.)

**HOW MANY MONTHS DID YOU
CARRY THIS PREGNANCY?**

**YEAR IN WHICH
PREGNANCY ENDED**

**IF MISCARRIAGE OR ABORTION,
WAS IT NATURAL OR INDUCED?**

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INFORMATION ON THIS PREGNANCY

Is the baby's father aware of this pregnancy?	Yes	No	
Is the baby's father a genetic relative of yours?	Yes	No	
If yes, how is he related?	_____		
Month prenatal care began for this pregnancy	_____		
Complications, if any	_____		
Exposure during pregnancy:	X-Ray	Electrocardiogram	Radiation
Prescription drugs taken during pregnancy	When	Amount and frequency	
Kind			
Non-prescription drugs taken during pregnancy	When	Amount and frequency	
Kind			
Did you use alcohol during pregnancy?	Yes	No	Amount and frequency
Amphetamines (Uppers) used during pregnancy	When	Amount and frequency	
Kind			
Barbiturates (Downers, cocaine, heroin, LSD, marijuana, cigarettes) used during pregnancy	When	Amount of frequency	
Kind			

CHILD'S BIRTH HISTORY

Child's first name	Sex	Date of birth	
Time of birth	Place of birth	Weight	
Length	Eye color	Hair color	
Complexion	Head circumference	Chest circumference	
Physical appearance including abnormalities			
Term	Premature _____ weeks	Postmature _____ weeks	Full term _____ weeks
Mother's blood type	RH factor	Baby's blood type	
Type of delivery	Anesthesia used	Duration of labor	
Apgar score at 1 minute	Apgar score at 5 minutes		
Condition of child at birth			